

Injury or Illness

What to Do

- **General Information..... Page 2**
- **Work-Related Injury or Illness..... Page 2**
- **Non-Work-Related Injury or Illness.....Page 12**
- **Disabling ConditionPage 16**
- **OutcomesPage 17**
- **Other BenefitsPage 17**
- **Supervisors' Responsibilities.....Page 18**
- **For More Information.....Page 19**

**Occupational Medical Services Team
January 2000**

Injury or Illness What to Do

Important Information

This booklet provides general guidance for employees, supervisors, and managers about employee illness or injury. It was prepared in cooperation with the Finance Department's Division of Risk Management, which administers the County's Workers' Compensation program.

This booklet is not intended to change or otherwise modify any law, regulation, procedure, or collective bargaining agreement that may govern the subject matter covered in this document. If there is an inconsistency, the law, regulation, procedure, or collective bargaining agreement will prevail. Please also bear in mind that laws, regulations, procedures, and collective bargaining agreements may be amended at any time.

Please consult appropriate references, such as *Personnel Regulations*; collective bargaining agreements; Administrative Procedures 3-1, *Reporting and Record-keeping of Injuries*, 4-17, *Sick Leave Donor Program*; and Sections 33-34 through 33-61H of the County Code (Employees' Retirement System Law) or Sections 33-113 through 33-127 of the County Code (Retirement Savings Plan) for additional information.

General Information

Q. What happens if I become injured or ill while employed by the County?

A. Procedures and circumstances vary depending on whether your injury or illness is work-related or not work-related. In general, however, what usually happens is:

- ❑ You report the injury.
- ❑ You or your supervisor arrange for assistance and treatment, and you're placed in the appropriate leave category.
- ❑ Treatment and/or evaluations are conducted as required.
- ❑ You return to work, with or without accommodation; or another outcome is implemented.

The different "tracks" and processes for work-related and non-work-related injury or illness are outlined generally on the charts on pages 3, 4, and 13, and are briefly described on the following pages. The County's objective, after any illness or injury, is to assist your recovery and your return to work as soon as medically feasible.

Work-Related Injury Or Illness

Reporting the Injury or Illness

Q. What happens if I have a work-related injury or illness?

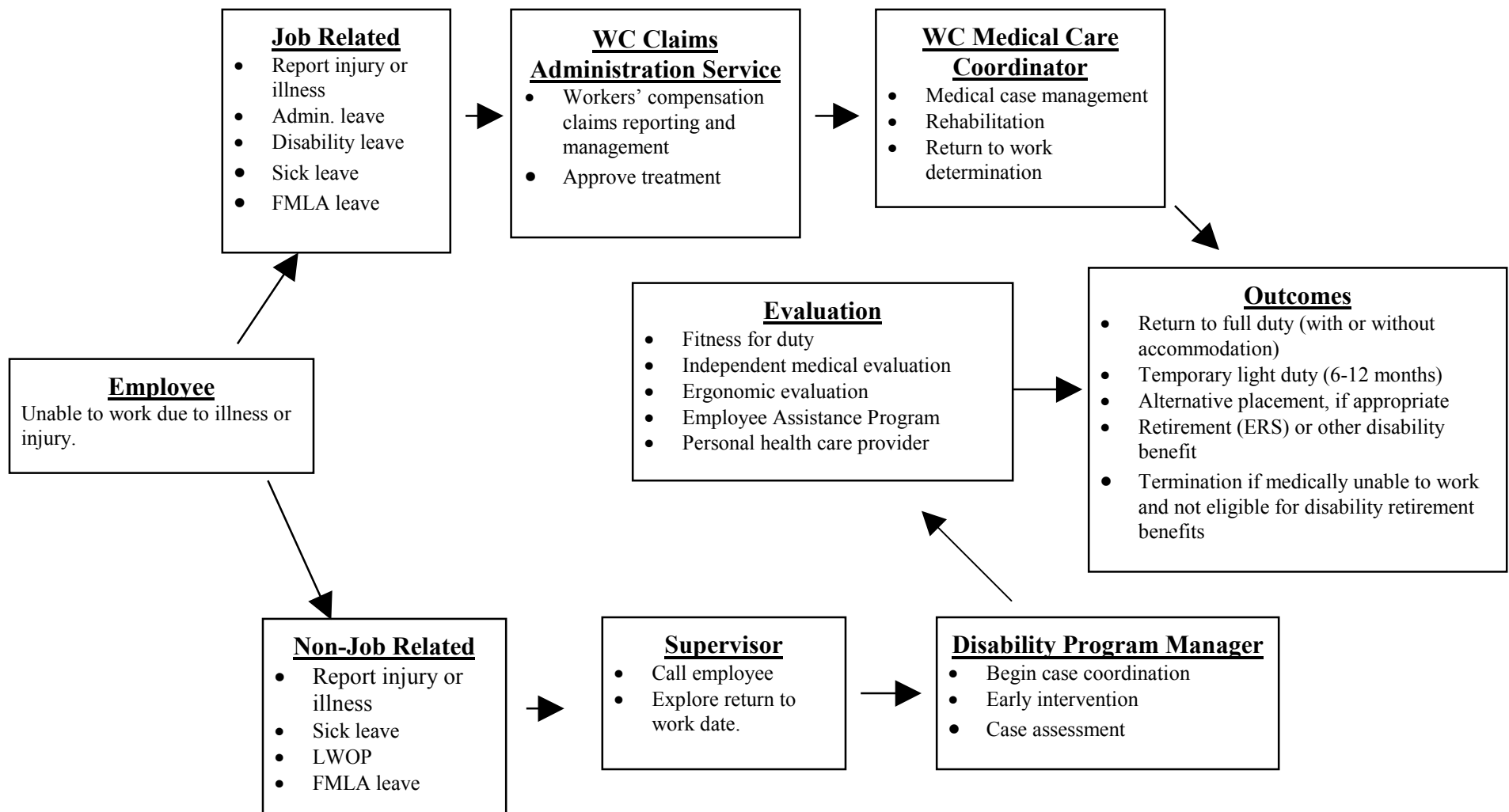
A. Notify your supervisor immediately. If your supervisor isn't available, notify the designated person in charge.

Q. What happens next?

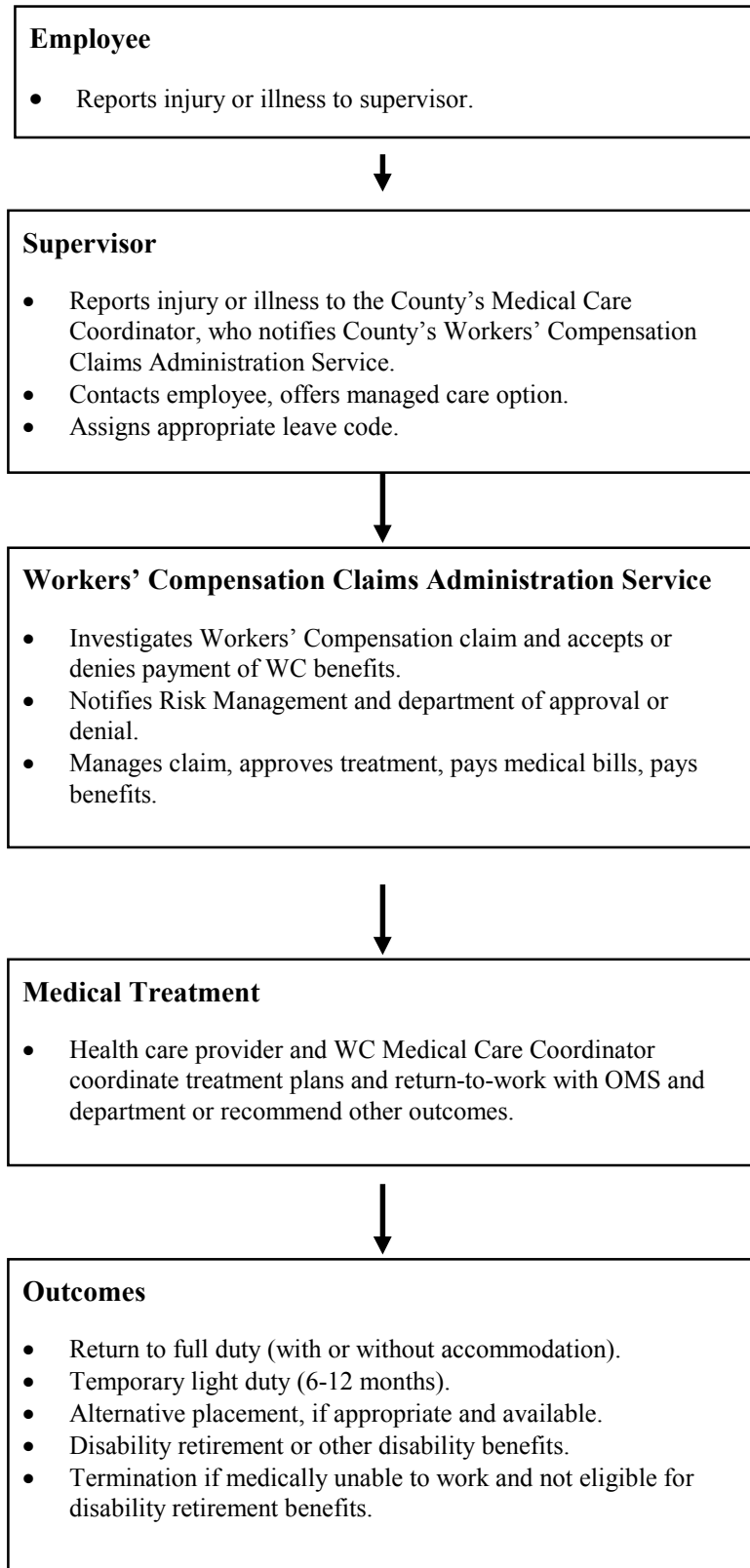
A. Your supervisor will immediately arrange for assistance for you, if your injury is severe or life-threatening. Your supervisor will also promptly report the injury or illness to the County's Workers' Compensation Medical Care Coordinator by calling their 24-hour toll-free number and will explain the managed care option available to you. (See page 6.)

The Medical Care Coordinator will complete the State-required Employer's First Report of Injury form, will record the Supervisor's Incident Investigation Report, and will notify the County's Workers' Compensation Claims Administration Service.

Disability Case Management Process and Outcomes



Work-Related Injury or Illness Process



Q. Can an injury or illness be reported at any time?

A. Yes. The Medical Care Coordinator's 800 number is staffed 24 hours a day. During business hours supervisors will have direct contact with a service representative. After business hours, your supervisor may leave a message, and the Medical Care Coordinator will call back within 15 minutes.

Q. What happens after the injury or illness has been reported?

A. Once your injury or illness has been reported, a representative from the Claims Administration Service may contact you to obtain details about your claim, and to obtain such information as the name of your treating physician and treatment you have received. (This will occur unless your injury is very minor.) Providing this information will speed the processing of your claim. The Claims Administration Service will share this information with the physician, other health providers, the Medical Care Coordinator, OHR's Occupational Medical Services Team (OMS), and your supervisor as it relates to your ability to recover, receive benefits, and return to work.

If your injury incapacitates you for more than three days, the Claims Administration Service will provide you with a claim form that you must complete to preserve your claim with the Maryland Workers' Compensation Commission. You should mail that form directly to the Commission.

Workers' Compensation

Q. What is Workers' Compensation?

A. Workers' Compensation is a state-mandated, County-paid program which provides payment for lost wages as well as reasonable medical expenses incurred as a result of a work-related injury or illness. Every employer in Maryland with more than two employees is required to provide Workers' Compensation coverage. You may be eligible for Workers' Compensation benefits if you suffer a work-related injury or illness.

Q. How much is the Workers' Compensation wage replacement benefit?

A. State law requires payment of two-thirds of the average weekly wage during the period of incapacity. However, Montgomery County provides full wage protection for the period of documented disability, up to a maximum amount of time, through disability leave.

Q. How do I receive my Workers' Compensation payment?

A. You'll receive a single pay check from the County, which will include your payment for leave (see page 9), and the Workers' Compensation payment. The County designates which portion of the total check amount is the Workers' Compensation payment.

Q. Who handles Workers' Compensation claims for the County?

A. The Finance Department's Risk Management Division administers the County's Workers' Compensation Program through the contracted claims administration service. Workers' Compensation *medical* services are coordinated through a contracted managed care firm (referred to here as the Medical Care Coordinator).

Q. Does Workers' Compensation require that I use certain designated doctors?

A. Under the Workers' Compensation Law of Maryland, you may choose your own treating physician. You also have the choice to participate in the County's Managed Care Program. At the time the injury is reported, your supervisor will ask you to indicate whether or not you want to participate in the Managed Care Program. If you agree to participate, your supervisor will give you a Workers' Compensation Managed Care Enrollment Card to sign and carry with you. *You have 15 days from the date of your injury or illness to decide to participate in the Managed Care Program.*

Q. Are there any other resources available to me from Workers' Compensation?

A. In addition to the medical treatment and temporary wage replacement offered by Workers' Compensation, you may be entitled to some or all of the following benefits:

- ❑ Total permanent disability for workers unable to resume any type of work;
- ❑ Permanent partial disability for employees able to work but who have sustained some lasting detrimental effect from the injury or disease;
- ❑ Death and funeral expenses;
- ❑ Dependency benefits for certain dependent relatives of a deceased worker.

Managed Care Program

Q. What is managed care?

A. Managed care is a process of "managing" the medical care received for work-related injuries or illnesses. This process is also used by the County's group health plans. Managed care ensures that you receive appropriate medical treatment for the injury or illness. Examples of the Managed Care Program services include a network of medical providers, hospital pre-certification, peer and utilization review, and case management. The County's managed care contractor is a nationally recognized leader in Workers' Compensation managed care.

Q. What happens if I decide to participate in the Managed Care Program?

A. Depending on your injury or illness, you may be called by an Advocacy Nurse from the Medical Care Coordinator to discuss your medical treatment plans. The Advocacy Nurse can guide you to an appropriate type of medical provider. The Nurse can also address your concerns and questions regarding medical treatment. The Advocacy Nurse may also interact with your medical provider and OMS to coordinate your return to work.

Q. Why is managed care of benefit to me?

A. There are several benefits associated with participating in this program, such as the following:

- ❑ Employees who participate in the Managed Care Program receive salary continuation benefits in the form of disability leave for a longer period than employees who don't participate.
- ❑ You're assured of receiving prompt, high-quality medical care and that the treatment is appropriate.
- ❑ Thanks to the Enrollment Card, there is less confusion about where medical bills are submitted for payment.
- ❑ The County will pay for your initial medical care even if the Claims Administration Service denies the Workers' Compensation claim; medical treatment is paid for until the date of denial of the claim.

Q. How do I select a physician under the Managed Care Program?

A. When your supervisor reports the work-related injury to the Medical Care Coordinator, the Customer Service Representative may provide a list of physicians to your supervisor or to you. The physicians on the list will have been selected based on proximity to your home, based on your home zip code. The data base of physicians may also be searched for a particular physician or to check to see if your family physician is part of the network, if you request it.

Q. Can I go to my own doctor if I decide to participate in the Managed Care Program?

A. If your physician is in the ALLIANCE PPO (Preferred Provider Organization), you may go to your family physician under the Managed Care Program. ALLIANCE PPO is the network of medical providers chosen by the Medical Care Coordinator to treat the County's work-related injuries or illnesses under the Managed Care Program. This network is associated with MAMSI and is a sister organization of Optimum Choice, one of the County's group health plans.

ALLIANCE PPO consists of over 17,000 providers and is the largest network in the mid-Atlantic region, with its home office in Rockville, Maryland. The network consists of primary care and occupational care centers, physicians, hospitals, and rehabilitation facilities.

Q. What happens if I choose to use my own physician who doesn't participate in the Managed Care Program's ALLIANCE PPO?

A. State law provides that you may choose to use your own physician outside the County's Managed Care Program. However, choosing your own physician will reduce the amount of disability leave you'll be eligible for if your Workers' Compensation claim is approved. You'll be eligible for 12 months of disability leave if you use a physician outside the Managed Care Program instead of the 18 months available to Managed Care Program participants. The County may periodically request that you be seen by another doctor for a second opinion.

Note: The 12-month limitation on disability leave does not apply to members of the police bargaining unit.

Q. What if I want to change doctors while being treated for a Workers' Compensation illness or injury?

A. If you want to change treating physicians, you'll need to get permission from the Claims Administration Service before seeing the new physician.

Relationship of Claims Administration Service and Medical Care Coordinator

Q. What are the roles of the Claims Administration Service and the Medical Care Coordinator?

A. The *Claims Administration Service* is the County's contractor that investigates and handles Workers' Compensation claims for the County's self-insurance program. This contractor decides whether to accept or deny the claim, and has responsibility for the payment of medical bills and lost wages. After investigating the claim, the Claims Administration Service will notify Risk Management of their decision. Risk Management will then advise the Payroll Section and your department.

The *Medical Care Coordinator* is responsible for managing the *medical care* provided to ensure that the injured employee receives care that is appropriate for the injury or illness. This contractor conducts medical bill review, surgery and hospital pre-certification, and treatment review for all work-related injuries or illnesses. The Medical Care Coordinator does *not* make decisions on the payment or denial of claims.

Medical Care Coordinator
<ul style="list-style-type: none">• Completes first report of injury.• Provides list of physicians for managed care participants.• Provides case management.• Offers other managed care services.

Claims Administration Service
<ul style="list-style-type: none">• Investigates claims.• Decides compensability of claims.• Pays Workers' Compensation

benefits.

- Monitors cases.

Role of Occupational Medical Services (OMS)

Q. What is the role of OMS in a work-related injury or illness?

A. OMS administers the County's Disability Case Management Program, which, among other services, tracks all cases of employee injury or illness requiring extended absence from work (6 weeks or more), or extended light duty. The Disability Program Manager offers assistance and guidance to supervisors and employees, and works with the Medical Care Coordinator, you, and your department to coordinate your return to work. The Disability Case Management Program facilitates reasonable accommodation, alternative placement, or temporary light duty as appropriate and available.

The OMS Employee Medical Examiner conducts fitness-for-duty evaluations as requested.

Leave

Q. Must I use sick leave for the time I miss from work due to a work-related injury or illness?

A. Under County regulations and collective bargaining agreements, you may be charged sick leave for the initial period of disability from work. However, if your injury/illness is later determined to be covered by Workers' Compensation, the Claims Administration Service will notify the Finance Department's Payroll Section to re-credit you for any sick leave that you used in connection with the period of incapacity.

In those cases where the relationship of your injury or illness to your job is without question, and your department is willing to certify to this fact, the County provides administrative leave (AD5) for the initial period of your disability. AD5 is only available in this circumstance and for a limited time.

The following explains in more detail the correct application of leave for absences arising from work-related injuries or illnesses.

Sick Leave

For most employees, unless your injury or illness is obviously work-related, the initial period of your disability will be charged to sick leave. If the Claims Administration Service determines that your injury or illness is not compensable, your absence from work will continue to be charged to sick leave, defaulting to compensatory time, annual leave, and leave without pay, in that order.

Sick leave must also be used for any short-term medical treatment required, unless the treatment will take four or more hours. In the case of extensive treatment, Workers' Compensation will pay for a portion of

your lost wages, with medical documentation.

Administrative Leave (AD5)

Leave code AD5 is used on your time sheet *only* if your injury or illness is *obviously* work related. That is, the incident is witnessed or the facts surrounding the injury or illness logically lead to the conclusion that the disability arises from your job. For absences due to injuries or illnesses that are *not* obviously work related, the time sheet must be coded using sick leave.

Note: The payroll system will automatically default from sick leave to other accumulated leave (compensatory time, annual leave, then leave without pay).

Remember, AD5 is used on the time sheet only on an *interim* basis, until a decision is made by the Claims Administration Service on the compensability of the injury or illness. If the claim is deemed compensable, the Payroll Section will convert the leave to disability leave (DAL), and all future time sheets should be coded with DAL, *not* AD5.

Once the claim is accepted or denied, the Claims Administration Service will notify the Payroll Section and your department, through Risk Management. If the claim is denied, the AD5 leave will be converted to sick leave or other accumulated leave.

It's important to remember that AD5 was developed so that employees disabled because of an obvious and certifiable work-related condition would not lose pay if they did not have available sick leave or

other accumulated leave to cover the time it takes to investigate the claim.

Disability Leave (DAL)

Leave code DAL is used on the time sheet when the claim for Workers' Compensation benefits is found compensable *by the Claims Administration Service*. DAL should be used for the period of time approved by the Claims Administration Service, which is usually until you're medically released to return to work, up to a maximum period of 12 months if you don't elect the Managed Care Program, or 18 months if you do elect the Managed Care Program.

Note: This limitation does not apply to members of the police bargaining unit.

If you exhaust the available DAL and are still unable to return to work, you may use your own sick leave, annual leave or compensatory time to make up the difference between the Workers' Compensation payment and your regular salary. You may also be eligible for sick leave donations from other County employees.

If you've been on disability leave for several months, you may wish to consider applying for disability retirement if you're in the ERS. Or, your department may file for the disability retirement on your behalf. (This process takes anywhere from several weeks to several months.) Application for disability retirement prior to the end of the DAL period extends the DAL until a decision is made by the Chief Administrative Officer on the disability retirement.

FMLA Leave

Leave taken as the result of an injury or illness which qualifies as a “serious health condition” under the Family and Medical Leave Act should also be recorded on the timesheet as FMA leave in addition to being recorded as DAL.

During your leave for a work-related injury or illness, your supervisor may periodically request medical documentation.

Return to Work

Q. Do I need to receive clearance before returning to duty following a work-related injury/illness?

A. If you lose time from work because of a work-related illness or injury, your health care provider will need to complete an Employee Medical Return to Work Report, authorizing your return to full duty or stating your medical or job restrictions. You’ll need to give this form to your supervisor when you return to work.

If you want to return from an injury or illness to light duty, you’ll need to see the Employee Medical Examiner in OMS. Light duty designations are made by the County’s Employee Medical Examiner and tracked by the Disability Program Manager.

Q. What if I’m unable to do my old job when I return to work?

A. If medical issues arise after your return to work, you may be required to see the OMS Employee Medical Examiner, who may make further determinations as to your fitness for duty.

If you’re incapacitated for regular work, but are medically able to perform some work, you must accept other work assignments or be ineligible for DAL. The Medical Care Coordinator will work closely with your department and with the County’s Disability Program Manager, and every effort will be made to give you work that is within any restrictions the doctor may place on your activity, either through temporary light duty, reasonable accommodation, or alternative placement, if appropriate and available. You must comply with any activity restriction your physician has ordered.

If you’re unable to perform your job, if no alternative placement or reasonable accommodation can be arranged, and if you’re not eligible for disability retirement under the Employees’ Retirement System (ERS) or disability benefits under the Retirement Savings Plan (RSP), your employment with the County may be terminated, in accordance with the provisions of the *Personnel Regulations* and applicable collective bargaining agreements.

Non-Work-Related Injury or Illness

General

Q. What happens if I'm injured or become ill away from the work site?

A. You should notify your supervisor immediately to request sick leave if your injury or illness is severe enough that you cannot come to work. If you don't have available sick leave, you may request compensatory time, annual leave, or leave without pay. If your injury or illness meets the definition of a "serious health condition" under the Family and Medical Leave Act, your paid or unpaid leave will also be designated as FMA leave. (See chart on page 13.)

Q. What happens after I report an injury or illness that prevents me from working?

A. Naturally, you'll seek appropriate treatment from your health care provider. Your supervisor will approve your leave, if appropriate, and will begin on-going communication with you to see how you're doing and to determine when you'll be able to return to work. Your supervisor may periodically request documentation of your injury or illness.

Q. What if my injury or illness requires an extended absence?

A. If you're on sick leave for an extended period (six weeks or more), the OMS Disability Program Manager will begin coordination of the case. The Disability Program Manager will assist you and your supervisor as necessary, and will work with you, your department, and your

health care provider to formulate a return to work plan under the Disability Case Management Program.

Disability Case Management Program

Q. What is disability case management?

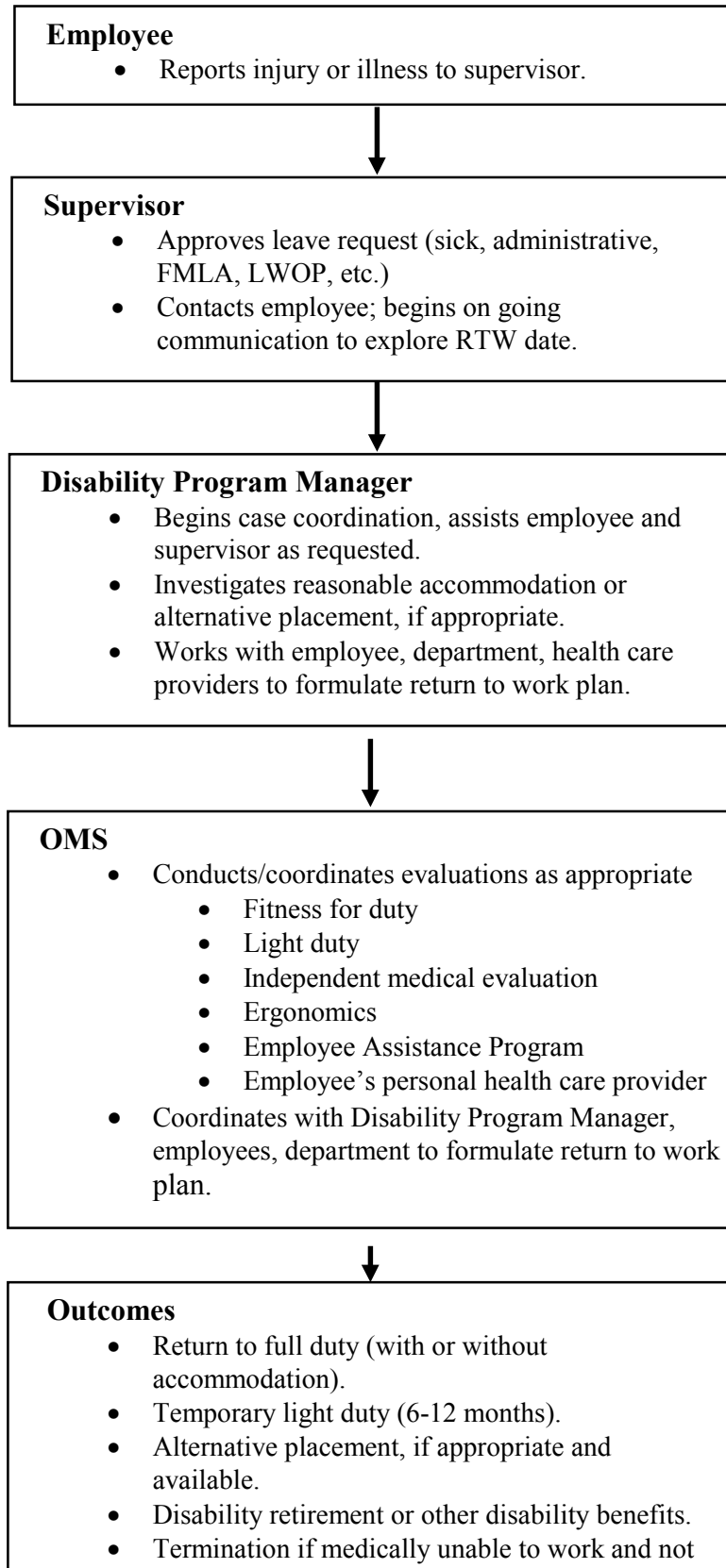
A. Disability case management is the coordination of services for employees who need help to maintain or resume productive employment after an illness or injury. A team approach coordinated by the Disability Program Manager facilitates return to work, reasonable accommodation, alternative placement, or light duty, as appropriate. (See chart on page 14.)

Return to Work

Q. Do I need to receive clearance before returning to regular duty following a non-work-related injury or illness?

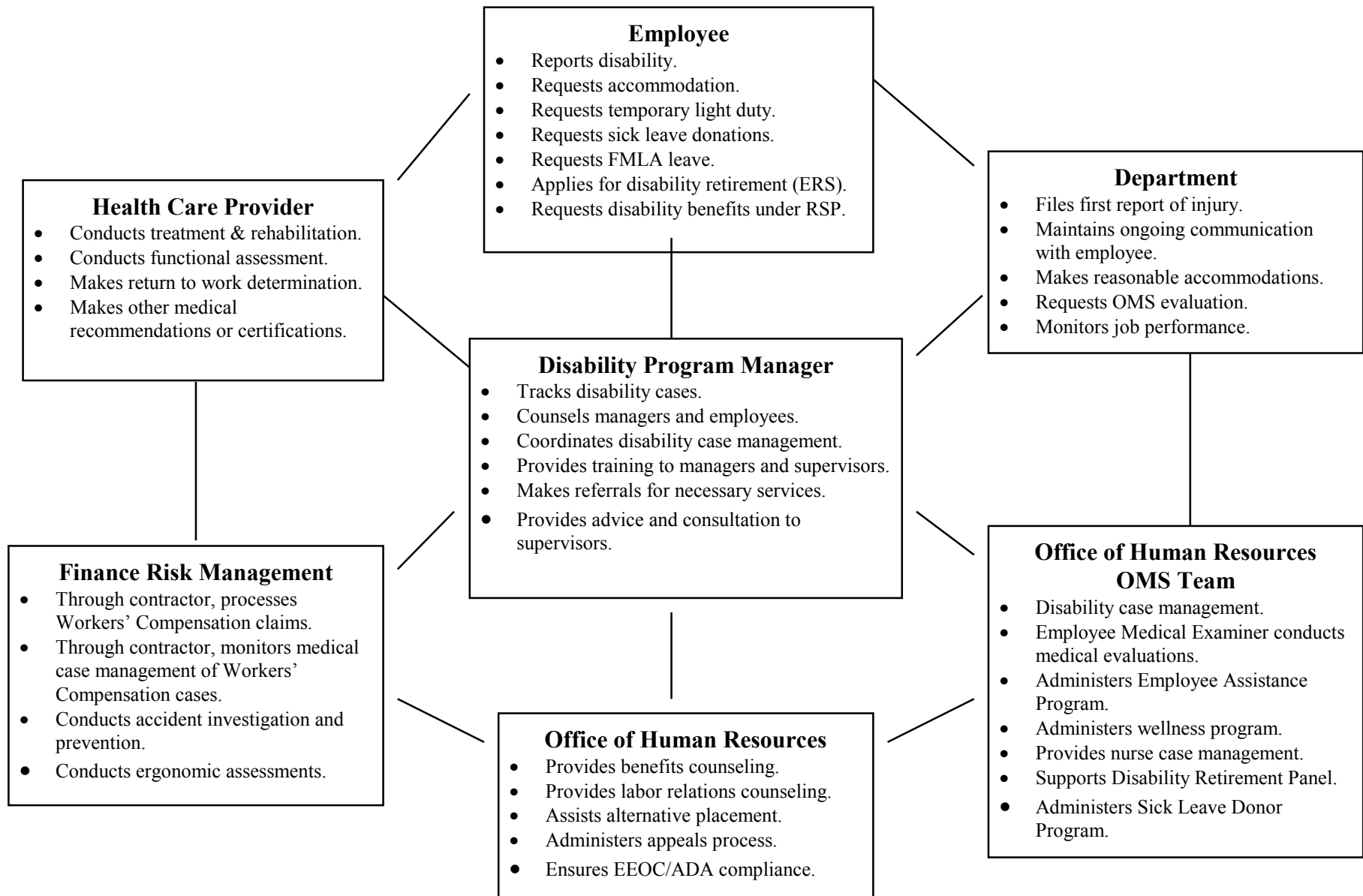
A. If you lose time from work for 15 or more work days due to a personal injury or illness, your health care provider will need to complete an Employee Medical Return to Work Report, authorizing your

Non-Work Related Injury or Illness Process



Disability Case Management Program

Roles and Responsibilities



return to full duty, or describing your medical or job restrictions. You'll need to give this form to your supervisor when you return to work.

Q. What if I'm unable to do my old job when I return to work?

A. If medical issues arise after your return to work, you may be required to see the OMS Employee Medical Examiner, who may make further determinations as to your fitness for duty.

Q. What are some of the ways I can be helped to return to work?

A. Working with your department and your health care provider, the Disability Program Manager can arrange for fitness for duty examinations, can investigate and recommend reasonable accommodation in your current job, or temporary light duty or alternative placement if appropriate and available.

Q. What is light duty?

A. Light duty is a temporary assignment of alternative work for which you're qualified and able to perform when you're temporarily unable to perform your regular duties due to medical reasons. This assignment may be within your department or in another department.

Q. What is reasonable accommodation?

A. The ADA defines reasonable accommodation as any modification or adjustment to the application process, the work environment, or the manner in which the work of the job is customarily performed.

Q. What is alternative placement?

A. Alternative placement is reassignment to another, vacant, position, and is a form of reasonable accommodation. If you're totally unable to perform your current job duties due to a medical condition and no other accommodations are feasible, the OMS Disability Program Manager will work with you in an attempt to secure alternative placement/ reassignment to another position within your department or in another County department. You must be qualified for any vacant position that you're interested in, and you may be required to compete for the position.

Q. What happens if I return to work but can't do light duty work, or if reasonable accommodation or alternative placement aren't possible or appropriate?

A. If you're unable to perform your job, if no alternative placement or reasonable accommodation can be arranged, and if you're not eligible for disability retirement under the ERS or for disability benefits under the RSP, your employment with the County may be terminated, in accordance with the provisions of the *Personnel Regulations*

and applicable collective bargaining agreements.

Disabling Condition

Q. What is a disabling condition?

A. A disabling condition is a temporary or chronic medical condition which makes it difficult or impossible to perform some or all of your regular job duties. It may be a physical or mental impairment. This kind of condition may be different from an injury or illness, but may cause you to need assistance to remain at work.

Q. Is a disabling condition the same as a disability?

A. A disabling condition is not the same as a disability as defined by the 1990 Americans with Disabilities Act (ADA). According to the ADA, a disability is a physical or mental impairment that substantially limits one or more “major life activities” such as walking, talking, hearing, reading, or working. Not every disabling condition substantially limits a major life activity. ADA offers special employment protections to individuals with disabilities that meet the ADA definition, and the OMS Employee Medical Examiner must certify that an employee meets the ADA definition of disabled.

Q. What should I do if I have a disabling condition that is affecting my

ability to perform my job or to stay at work?

A. Let your supervisor know if you’re having problems performing your work, or contact the OMS Disability Program Manager to arrange for appropriate evaluation of your condition. (You’ll need to provide medical information about your condition from your treating physician.) The Disability Program Manager may also be able to arrange reasonable accommodation in your current job, temporary light duty, or alternative placement, if appropriate and available.

If your supervisor notices that you are having difficulty performing your work, your supervisor may request that you be evaluated through OMS.

Q. How might my condition be evaluated?

A. Some of the evaluations that might be appropriate include:

Fitness-for duty examination (conducted by OMS Employee Medical Examiner) is an in-depth medical evaluation of an employee who may have a physical or mental condition affecting ability to do the job.

Ergonomic evaluation is an evaluation of the work place by trained staff of the Finance Department’s Risk Management Division to assess whether changes should be made to prevent injuries, re-injury or illness.

Independent medical evaluation (recommended by OMS Employee Medical Examiner) is an outside or second

opinion from a doctor who is not your personal physician or the County's Employee Medical Examiner. The goal of an IME is to assess your ability to return to work or continue working in a specific job. Medical input is used to help develop a plan for your continued work, with or without an accommodation, for an alternative job placement, or retirement, based on your medical prognosis.

Employee Assistance Program is free, confidential, counseling and assessment by professional clinicians of individuals who may be experiencing stress, marital or parenting problems, substance abuse, and/or emotional problems which may be affecting, or have the potential to affect, work performance.

Evaluation by your personal health care provider -- an assessment of your ability to return to work or to continue working in a specific job. Medical input from your personal health care provider may be used to help develop a plan for your continued work, with or without an accommodation, for an alternative job placement, or retirement, based on your medical prognosis.

Outcomes

Q. What are the possible outcomes of having an injury or illness?

A. As discussed above, the most favorable outcome is your prompt recovery and return to full duty without the need for any accommodation. Other possible outcomes include:

- ❑ Temporary light duty;
- ❑ Reasonable accommodation or alternative placement, if appropriate and available;
- ❑ Disability retirement;
- ❑ Termination.

Other Benefits

Q. What happens if I'm seriously ill or injured and I've used up all my leave?

A. The County's Sick Leave Donor Program allows employees to donate sick leave to another employee who has exhausted all accrued sick and annual leave and compensatory time, under certain conditions. Refer to Administrative Procedure 4-17 for more information about the program or call the OMS Team at 240-777-5118.

Q. Are there any other County resources in case of long-term illness or injury?

A. There are benefits that may be available to you in the event of long-term illness or injury that are associated with your retirement plan. Highlights of these benefits are contained in the CHOICE and SELECT Summary Plan Descriptions. You may also call OHR's Benefits and Records Management Team for more information about these benefits.

Q. What other benefits might be available to me or my dependents if I become disabled?

A. You might be eligible for Social Security Disability Income (SSDI) benefits or Social Security's Supplemental Security Income (SSI) benefits. For more information about these programs, contact the Social Security Administration.

Supervisors' Responsibilities Involving Work-Related Injury or Illness

- ❑ Ensure that the injured employee receives the necessary care to stabilize the injury.
- ❑ Gather information needed to report the injury.
- ❑ Report the injury or illness immediately to the Workers' Compensation Medical Care Coordinator at 1-800-318-6668. Have ready the following information:
 - ❑ employee's full name;
 - ❑ home address and phone number;
 - ❑ date of birth;
 - ❑ Social Security Number;
 - ❑ employee's date of hire, job title, full-time or part-time status, and hourly rate;
 - ❑ whether the employee is a union member;
 - ❑ whether the employee is a managed care participant;

- ❑ date, time, location, and nature of the injury, and names of witnesses, if any;
- ❑ name of the employee's medical care provider, if known; and
- ❑ your name and address.

The Medical Care Coordinator will take the information to complete the State's First Report of Injury form. They will send a copy to you for verification, with copies to the Claims Administration Service, the State Workers' Compensation Commission, and Risk Management. Be sure to report the circumstances of the injury or illness exactly as the employee tells you; remember to report witnesses' names.

- ❑ Advise the employee of the availability of the Managed Care Program, the benefits of program participation, and of the need for the employee to make a decision on participation in the Managed Care Program within 15 days.
- ❑ If the employee chooses to participate in the Managed Care Program, give the employee a Workers' Compensation Managed Care Enrollment Card and the names of the local physicians provided by Medical Care Coordinator. Advise the employee that the card should be presented to the physician or other health care provider at the time medical services are received.
- ❑ If the employee elects not to participate in the Managed Care Program, tell the employee (unless the employee is a member of the police bargaining unit), that if the Workers' Compensation claim is accepted, the County will

provide disability leave for up to 12 months instead of the 18 months available to Managed Care Program participants.

- ❑ Establish regular communication with the employee to discuss the employee's return to work.
- ❑ Ensure that leave is correctly reported for ill or injured employees.
- ❑ Investigate causes of accidents and take appropriate corrective action.
- ❑ Coordinate sick leave donations if requested by the employee.
- ❑ Work with the OMS Disability Program Manager to facilitate evaluation of the employee's condition and the employee's return to work. Make every effort to provide light duty, or reasonable accommodation if requested, and assist in identifying alternative placement for the employee if this is an appropriate solution.

For More Information

- ❑ To report a work-related injury or illness, call 1-800-318-6668.
- ❑ For questions about the Disability Case Management Program, Americans With Disabilities Act (ADA), reasonable accommodation, light duty, alternative placement, training, or assistance with disability case management, call the Disability Program Manager at 240-777-5118.

- ❑ For questions about fitness for duty or temporary light duty, call the OMS Nurse Case Managers at 240-777-5118.
- ❑ For questions about long-term disability, disability retirement or for benefits counseling, call the OHR Benefits and Records Management Team at 240-777-5000.
- ❑ For general information about Workers' Compensation or the County's Managed Care Program, call Risk Management at 240-777-8920.
- ❑ For information on an employee's status or the status of a claim, call the Claims Administration Service at 301-217-9800.
- ❑ For information on medical treatment or the managed care physician network, call the Medical Care Coordinator at 1-800-318-6668.
- ❑ For questions on safety concerns and accident investigations, call Risk Management's Safety Section at 240-777-8910.

Note: This information can be made available in an alternate format, if necessary. Please contact the OMS Team at 240-777-5118.